EXHIBIT C

Case 06-10725-gwz_Doc 8658-	3	L1 15:27:41 Page 2 of 11		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CL			
)	Case Number	Schedule/Claim ID s31157		
USA Commercial Mortgage Company	06-10725-LBR	Amount/Classification		
COA Commercial Mortgage Company	00-10/20-20/1	\$12 951 80 Unsecured		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expetancing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address. DAVIS INVESTMENTS 3100 ASHBY AVE LAS VEGAS, NV 89102 1908	f an aware that anyone el filed a proof of claim to your claim. Attach statement giving part	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the		
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies d				
1136 947	Check here if this claim	replaces or a previously filed claim dated amends		
1 BASIS FOR CLAIM	Retiree benefits as defined	n 11 U S C § 1114(a) 🔀 Unremitted principal		
Goods sold Personal injury/wrongful death	Wages, salaries, and comp	ensation (fill out below) Other claims against servicei (not for loan balances)		
Services performed Taxes	Last four digits of your SS #	· · · · · · · · · · · · · · · · · · ·		
Money loaned Other (describe briefly)	Unpaid compensation for se	ervices performed from to(date) (date)		
2 DATE DEBT WAS INCURRED	3 IF COURT JUDGMENT			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be See reverse side for important explanations	est describe your claim and state	the amount of the claim at the time case filed		
UNSECURED NONPRIORITY CLAIM \$	claim is a right of	s box if your claim is secured by collateral (including		
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is	Real I	Estate Motor Vehicle Other		
entitled to priority	Value of	Collateral \$ UNYNOWN		
Amount entitled to pnority \$		rearage and other charges at time case filed included in		
Specify the priority of the claim	secured claim	i, ii any \$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		posits toward purchase lease or rental of property or all family or household use 11 U.S.C. § 507(a)(7)		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		owed to governmental units 11 U S C § 507(a)(8)		
business whichever is earlier 11 U.S.C. § 507(a)(4)		licable paragraph of 11 U S C § 507(a) ()		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		ect to adjustment on 4/1/07 and every 3 years thereafter as commenced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 1,000,000.00 \$	1,000,000,000 \$	\$ 1,000,000.00		
AT TIME CASE FILED (unsecured)	(secured)	(priority) (Total)		
Check this box if claim includes interest or other charges in addition to the	principal amount of the claim	Attach itemized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts, contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain If the d 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	ments, such as promissory rigreements and evidence of ocuments are voluminous, a	notes purchase orders, invoices, itemized statements of perfection of lien DO NOT SEND ORIGINAL ttach a summary		
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm.				
for each person or entity (including individuals, partnerships, c	orporations, joint ventures	Annada and		
governmental units) BY MAIL TO BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO FILED JAN 1 3 20				
Attn USACM Claims Docketing Center				
(, , , , , , , , , , , , , , , , , , ,	1330 East Franklin Avenue El Segundo, CA 90245	USA CMC		
DATE SIGN and print the name and title if any of the	ed to file 1072502333			
1-12-07 Cthis claim (attach capy of power of attorne	ERVEN T. A	IECSW, ATTOMEN		
		·		

DISTRICT OF NEVADA	1-3P FK(DOFOOF CLAIM?	(7:41 Pag	e 3 of 11
lame of Debtor	Case Nu	mber -		
US,3 COMMERCIAL MERT CO.	06-10725			
OTE See Reverse for List of Debtors and Case Numbers his form should not be used to make a claim for an administrative expressing after the commencement of the case. A "request" for payment of the case of the commencement of the case of the commencement of the case.		Check box if you are aware that anyone else has filed a proof of claim relating		
Iame of Creditor and Address		to your claim Attach copy of statement giving particulars		
PATRICK DAVIS & SUSAN DAVIS	1	Check box if you have never received any notices		
HUSBAND & WIFE, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP PO BOX 57 18 G 2 16 C TRING	- Da	from the bankruptcy court or BMC Group in this case	SECURED INTER	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
ENCINITAS CA 92023 CARLSBAD CA 920	109	Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	ady filed a proof of claim with the or BMC you do not need to file again
reditor Telephone Number (817) 312-8352 (Cell		court	THIS SPAC	E IS FOR COURT USE ONLY
ast four digits of account or other number by which creditor identifies 3734	débtor	Check here replace or f this claim amen	 a previously 	filed claim dated
BASIS FOR CLAIM	Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salanes, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly) NECLICENCE Y FRAND		compensation for services pe	rformed from	to (date) (date)
DATE DEBT WAS INCURRED 1-1-05 to 4/13/04		OURT JUDGMENT, DATE O		
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	at best descr	ibe your claim and state the amo	unt of the claim at ti	ne time case filed
JNSECURED NONPRIORITY CLAIM \$ 62,500			our claim is secur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of vientitled to priority) your claim our claim is	a right of setoff) Brief description of		
INSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim	secured claim if any \$			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town		
☐ Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	s [services for personal family, of Taxes or penalties owed to go	overnmental units - 1	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L	Other - Specify applicable pan * Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 ar	d every 3 years thereafter
TOTAL AMOUNT OF CLAIM \$ 6.2 500 \$		\$	***************************************	\$ 60,500
AT TIME CASE FILED (unsecured)	,	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges
CREDITS The amount of all payments on this claim has been cree SUPPORTING DOCUMENTS Attach copies of supporting documening accounts contracts, court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	<i>uments,</i> s agreem e n	uch as promissory notes punts, and evidence of perfection	chase orders inv n of lien DO NO	oices itemized statements of
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	envelope and copy of this
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES N	TOP	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pn for each person or entity (including individuals, partnerships,				USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO)	
Attn USACM Claims Docketing Center	Attn US	ACM Claims Docketing Cente	er FN F	D DEC 0 4 2006
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue ndo, CA 90245	164	
SIGN and print the name and title if any of this claim (attach copy of power of atto	he creditor i	or other person authorized to file/	Torra	USA CMC
12-C4-Cis ROBERT C. LET	<u>É1:4</u>	454 B142#	19èn	1072501417

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	TRICT (F Nevad	a	PROOF OF CLAIM
Name of Dubtor	ame of Debtor Case Number				
U.SA COMMERCIAL MORTGAGO CO				5-LBR	_
NOTI- This form should not be used to make a claim for an administrative expense ins					
Name of Creditor (The person or other entity to whom the debtor owes money or property) SPMCS O DERY 1	Li cisc	has filed	a proof of c	are that anyone claim relating to of statement	
ANN R DERY, HUSBAND & WIFE	□ giv	ing partici	alars		
Name and address where notices should be sent JAMES DERY BIVO 19601 VAN AKEN BIVO 19601 VAN AKEN BIVO	not cass Che	ices from e eck box if	the bankrup	ever received any oldy court in this differs from the	
SHAKER / HT3, OH 44122 Telephone number 216/283-2505		ress on the	e envelope s	sent to you by	THIS SPACE IS FOR COOKE USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here us claim	replaces amends		led claim dated
1 Basis for Claim					11 USC § 1114(a)
Goods sold Services performed				es, and compen: its of your SS #	sation (fill out below)
W Money loaned		U	npaid comp	ensation for sec	vices performed
Personal injury/wrongful death Taxes Other SEE EXACIT A		fr		(date)	to(date)
2. Date debt was incurred	3.	If cou	rt Judgmen	t, date obtaine	
MARCH 2001					
4 Classification of Claim. Check the appropriate box or boxes the	un best de			state the amoun	s of the claum at the time case filed
Unsecured Nonpriority Claim \$ 1,396,673			ed Claum		as a second day and the second fractal column.
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	r claim, or none or	a righ	t of sctoff)		is secured by collateral (including
Unsecured Priority Claim	·			uption of Collate tate Motor	ral Vehicle Other
Check this box if you have an unsecured claim all or part of w	vhich is				NEWOWN
entitled to priority Amount entitled to priority 5				nge and other chi	arges <u>at time case filed</u> included in 25, 39
Specify the priority of the claim	П	Lin to S'	2 225* of As	enteris toward or	irchase, lease, or rental of property
Domestic support obligations under 11 U S C. § 507(a)(1)(A) o	· ·	or service § 507(a)	ces for perso	onal family, or h	ousehold use - 11 U S C
Wages salaries, or commissions (up to \$10,000),* carned within	<u>_</u>				ental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debi- business, whichever is earlier - 1 1 U S C § 507(a)(4)	or's				h of 11 U.S.C. § 507(a)()
Contributions to an employee benefit plan - 11 U.S.C. § 507(a					/1/07 and every 3 years thereafter or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed	\$	1,396		14 1, 396,67	
(Insecuted) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6. Credits. The amount of all payments on this claim has been	credited .	and deduc	cted for the	purpose of	THIS SPACE IS FOR COURT USF ONLY
making this proof of claim. 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase					
orders, invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available, explain. If the documents are volu-	minous, ai	tach a sui	mmary	l l	
 Date-Stamped Copy. To receive an acknowledgment of the fit addressed envelope and copy of this proof of claim 	ung of you	ir claim,	enciose a st		O ED 101 1 1 2007
Date / Sign and print the name and title, if any, of the creditor or other person authorized to file his claim (attach copy of power of attorney, if any)				HEN THUM TT 4001	
1/10/07 Den	\				USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or	imprison	nent for a	p to 5 years	, or both. 18 U.S	######################################

<u> </u>	<u>e 06-10725-007755 Dac 8658</u> .	-3₁⊃ E mi	tereat:0.7/1.9/1.4o1.4sc2	774age Pag	me=5 of 11
UNITED STAT	TES BANKRUPTCY COUKT RICT OF NEVADA	PRO	OOF OF CLAIM	r rage 196	
Name of Debtor		Case Nu	mber		
USA COMMERCIA	AL MORTGAGE COMPANY,	BK-	S-06-10725-LBR	RE(CEIVED AND FILED
NOTE See Reverse for Lis This form should not be use arising after the commence administrative expense may	TNC. st of Debtors and Case Numbers ed to make a claim for an administrative expendent of the case A "request" for payment by be filed pursuant to 11 U S C § 503	pense	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	zon	h NOV -9 P 2 31
X4835/RXX	TI32124100838 KIN TRUSTEE KINK KIN TRUSTEE KINK KIN TRUSTEE KINK KIN	NV	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	DO NOT FILE TH SECURED INTEI ONE OF THE DE If you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Last four digits of account of	or other number by which creditor identifies	debtor		<u> </u>	
			Check here replace or if this claim amen	a previously	y filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	☐ Personal injury/wrongful death ☐ Taxes		salaries and compensation (i	fill out below)	Other claims against services (not for loan balances)
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services per	rformed from	(date) to (date)
2 DATE DEBT WAS INCU	RRED 5-1-2006	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF C	LAIM Check the appropriate box or boxes tha				the time case filed
See reverse side for importa	int explanations		SECURED CLAIM		
UNSECURED NONPRIOR Check this box if a) there exceeds the value of the entitled to priority	RIFY CLAIM \$ es no collateral or lien securing your claim or b) property securing it or if c) none or only part of you	your claim our claim is			red by collateral (including Assignments of
UNSECURED PRIORITY C	LAIM		-		interest in Deed
Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Real Estate Value of Collateral	Motor Vehicle \$56,1	
Amount entitled to priority Specify the priority of the			Amount of arrearage ar secured claim if any	d other charges	at time case filed included in
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	rd purchase lease	e or rental of property or
before filing of the bankru	nissions (up to \$10 000)* earned within 180 days plcy petition or cessation of the debtor's infer 11 U S C § 507(a)(4)	· _	services for personal family of Taxes or penalties owed to go	r household use -1 /emmental units	11 U S C § 507(a)(7) 11 U S C § 507(a)(8)
) pro	eyee benefit plan 11 U S C § 507(a)(5)	L.J	Other - Specify applicable para * Amounts are subject to adjus with respect to cases comment	tment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CL	AIM \$ \$ 5	6,120	90 \$	ood on or arter trie	\$
AT TIME CASE FILED	(unsecured)		ecured)	(priority)	(Total)
	cludes interest or other charges in addition to th	ne principal a	amount of the claim Attach iter	nized statement o	of all interest or additional charges
7 SUPPORTING DOCU running accounts contra	of all payments on this claim has been cred MENTS Attach copies of supporting docu- acts court judgments, mortgages security a accuments are not available explain. If the d	<i>iments</i> , suc	ch as promissory notes purc	hase orders inv	roisse itemized statements of
8 DATE-STAMPED COI proof of claim	PY To receive an acknowledgment of the	e filing of yo	our claim, enclose a stamped	self-addressed	envelope and copy of this
ACCEPTED) so that it is for each person or enti- governmental units) BY MAIL TO BMC Group		, prevailing orporation BY HAND C BMC Grou	g Pacific time, on Novembe is, joint ventures, trusts an OR OVERNIGHT DELIVERY TO p	r 13, 2006 d	THIS SPACE FOR COURT USE ONLY
Attn USACM Claims Do P O Box 911 El Segundo CA 90245-0	cketing Center	Attn USA0 1330 East	CM Claims Docketing Center Franklin Avenue		
DATE			o, CA 90245		
11-8-2006	SIGN and print the name and title if any of the	e creditor or any)	other person authorized to file George D Frai	ne	
		_	A	_	

FORM B10 (Official Form 10) (10/05)

"FIRST AMENDED"

United States Bankrupicy Court	DISTRICT OF NEVADA PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO	Case Number BK-S-06-10725 LBR
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	
Name of Creditor (The person or other entity to whom the debtor owes money or property) David Fossati Name and address where notices should be sent	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars ☐ Check box if you have never received any notices from the banki uptcy court in this
c/o Martin P Meyers 1000 SW Broadway, #1400, Portland OR 97205 Telephone number 503 227 1111	case Check box if the address differs from the address on the envelope sent to you by the court. This State is for Court Usi Only
Last four digits of account or other number by which creditor identifies debtor	Check here
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from to (date) (date)
2 Date debt was incurred Various	3 If court judgment, date obtained
See reverse side for important explanations Unsecured Nonpriority Claim \$ See attached Check this box if a) there is no collateral or lien securing your by your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ To be det Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan 11 U S C \$ 507(a) Total Amount of Claim at Time Case Filed	Brief Description of Collateral Real Estate Motor Vehicle Value of Collateral Notion Vehicle Value of Collateral Unknown Amount of arrearage and other charges at time case filed included in secured claim if any To be det Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C 507(a)(7) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Total Taxes or penalties owed to governmental units 11 U S C § 507(a)(2) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluing the Stamped Copy. To receive an acknowledgment of the fit addressed envelope and copy of this proof of claim.	ents such as promissory notes purchase acts court judgments mortgages, security ID ORIGINAL DOCUMENTS If the minous attach a summary
Date Sign and print the name and title if any of t file this claim (attacleopy of power of attorn 10/30/06 Martin P Meyers OSB No 99082 Atty	rney if any)

FORM B10 (Official Form 10) (10/05)		
UNHID STATES BANKRUPICY COURT	District of Nevada	PROOF OF CLAIM
Name of Dublos USA COMMERCIAL MORTEAGE CO		
NOTE This form should not be used to make a claim for an administrative expense may of the case. A request for payment of an administrative expense may	y be filed pursuant to 11 USC § 305	
Name of Creditor (The person or other entity to whom the dubior owes money or property) FREDA NEWMAN, TRUSTATEO FREDA NEWMAN TRUSTATEO	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be semt FREOA NEW MAN CO DANIEL NEW AN CO D	notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by	
Telephone number 928 282 5466 Last four digits of account or other number by which creditor	the court Check here replaces	THIS SPACE IS FOR COURT USE ON
identifies debior	if this claim amends a previously filed	claim dated
1. Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Returee benefits as defined in 11 Wages salaries and compensation four digits of your SS # Unpaid compensation for service from	on (fill out below) ses performed
2. Date debt was incurred	3. If court judgment, date obtained	
OCTOBER 29 2003		
4 Classification of Claim. Check the appropriate box or boxes that See reverse side for important explanations. Unsecured Nonpriority Claim SLINE FOF EX A Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) in only part of your claim is entitled to priority	Secured Claim Check this box f your claim is a right of eartoft)	•
Unsecured Priority Claum Check this box if you have an unsecured claim all or part of when the cattriled to priority	high is Amount of arrearage and other charges	ADWA ::s at time case tiled included in
Amount entitled to priority \$	secured claim, if any \$L/AE 2	
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purch or services for personal family or hous § 507(a)(7)	nase lease or rental of propensehold use - 11 USC
Wages salaries or commissions (up to \$10,000),* carned within days before filing of the harkminton perlians or consumon of the debto	Taxes or penalties need to government: Other - Specify applicable paragraph of	
business whichever is earner 11 USC § 507(a)(4) Contributions to an employee benefit plan - 11 USC § 507(a)	*Amounts are subject to adjustment on 4/1/6 with respect to cases commenced on or	77 and ever) 3 years thereafter after the date of adjustment
5 Total Amount of Claim at Time Case Filed	LNYEXA LNYEXA	LNHEXA
Check this box if claim includes interest or other charges in additional charges	tion to the principal amount of the claim. Attach	onty) (Total) itemized statement of all
6. Credits The amount of all payments on this claim has been a making this proof of claim	reduced and deducted for the purpose of Tr	HS SPACE IS HOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting document orders involves itemized statements of running accounts conviac agreements, and evidence of perfection of item DO NOT SEND documents are not available explain. If the documents are volum 8 Date-Stamped Copy. To receive an acknowledgment of the film addressed envelope and copy of this proof of claim.	ORIGINAL DOCUMENTS If the) JAN 11 2007
Date		
JAIJ Sign and print the name and trile if any of the JAIJ File this claim (attach copy of power of attorn	e creditor or other person authorized to ley if any recoaj MEUM AN TRUSTFE	
Penully for presenter, franchise claim time to a second	1	USA CMC
Penulty to presenting framulatest claim. Fine of up to \$500 000 or it	mprisonment for up to 5 years or both 18 U S	1072502031

Case 06-10725-gwz Doc 9658	PRO	OOF OF CLAIM	/:41 Pa(Je 8 of 11	
• •			ĺ		
Name of Debtor	Coop Number		ł		
		Case Number			
USA Commercial Mortgage Company	06-107	/25-LBR			
NOTE See Reverse for List of Debtors and Case Numbers			ł		
This form should not be used to make a claim for an administrative expense of the common after the common and the common of the		Check box if you are aware that anyone else has			
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	πan	filed a proof of claim relating		LY OWED MONEY BY A BORROWER	
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		8 BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF	
11321242035473	3	Chack how if you have		B INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT	
GLADSTONE-KATZ, GALE - TRUSTEE		never received any notices			
1320 NORTH STREET #29		from the bankruptcy court or BMC Group in this case		118 PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT	
SANTA ROSA CA 95404		Check box if this address	ONE OF THE DE	BTORS	
CALE GLADSTONE-KATZREVOCABLE TR	PUST	differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again	
Creditor Telephone Number (187)-571-2012		court.		CE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies d	lebtor	Check here replace	ces .		
211		if this claim amen	a previousi	y filed claim dated	
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	Wages, s	salaries, and compensation (fill out below)	Other claims against servicer	
Money loaned Cother (describe briefly)		digits of your SS #		(not for loan balances)	
world (describe blighy)	Unpaid c	ompensation for services per	rformed from	to	
2. DATE DEBT WAS INCURRED /2-/6-2002	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and state the amou	unt of the claim at	the time case filed.	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ 6 17 0 59 Check this box if a) there is no collateral or lien securing your claim or b) y	anur olaum	Check this box if yo	our claim is secu	red by collateral (including	
exceeds the value of the property securing it, or if c) none or only part of you	ur daim is	a nght of setoff)			
entitled to priority UNSECURED PRIORITY CLAIM	_	Brief description of			
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	•	
entitled to priority Value of Collateral \$ UNEROWN					
Amount entitled to pnority \$		Amount of arrearage an secured claim, if any	d other charges	at time case filed included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa	14/15	<u> </u>	
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family of	r household use -1	11 USC § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to gov			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable para			
	_	* Amounts are subject to adjus with respect to cases comment	tment on 4/1/07 al ced on or after the	nd every 3 years thereafter date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ (17,059.05 \$ 6	77,01	9.05 \$		\$677,059.05	
Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach iter	(pnonty) nized statement o	(Total) of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been credit	ited and de	educted for the purpose of m	akıng this proof	of claim	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents	nents. suc	ch as promissory notes, nurc	hasa ordere inv	ruces itemized statements of	
running accounts, contracts, court judgments, mortgages, security ac DOCUMENTS If the documents are not available, explain. If the do	oreements	. AND AVIDANCE AT PARTACHAN	∧flian D∩ N∩	T SEND ORIGINAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of yo	our claim enclose a stamped	, self-addressed	l envelope and copy of this	
The original of this completed proof of claim form must be sent	by mail o	hand delivered (FAYES No	OT	THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5 00 pm.	prevailing	Pacific time, on Novembe	r 13 2006	USE ONLY	
for each person or entity (including individuals, partnerships, co governmental units)	propration	is, joint ventures, trusts an	đ		
BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO USA CMC BMC Group BMC Group					
Attn USACM Claims Docketing Center	Attn USA	M Claims Docketing Center		1072502277	
to a comment of the c		Franklin Avenue o, CA 90245			
DATE SIGN and print the name and title if any of the	creditor or	other person authorized to file .	- la base	FILED JAN 12 2	
1/10/2007 this claim (attach copy of power of attorne	y II BILLY S		TRUT	TE OUIL TY	
	CAL	EGLANCTA/E-	MATT		

Penalty for presenting fraudulent claim is time at up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

400;

the state of the Million of the State of a real state of the state of	Number
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
GLORIA CHERRINGTON TRUSTEE OF THE GLORIA N CHERRINGTON TRUST DATED OCT 13 2004 350 E DESERT INN RD APT E204 LAS VEGAS NV 89109-9007	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court. Check box if this address differs from the address on the envelope sent to you by the court.
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor	Check here replaces of the claim of a previously filed claim dated.
Goods sold Personal injury/wrongful death Services performed Taxes Wage	e benefits as defined in 11 U S C § 1114(a) S, salanes, and compensation (fill out below) Out digits of your SS # Unremitted principal Other claims against service (not for loan balances)
- Oipa	(date) (date)
2. DATE DEBT WAS INCURRED 3 IF 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de	COURT JUDGMENT, DATE OBTAINED
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salanes, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	SECURED CLAIM Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Real Estate Motor Vehicle Other Value of Collateral* Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal, family or household use -11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) () *Amounts are subject to adjustment on 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
S TOTAL AMOUNT OF CLAIM \$ \$ (unsecured) Check this box if claim includes interest or other charges in addition to the principal content of the pr	(secured) \$\$ (Total) all amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited an 7. SUPPORTING DOCUMENTS Attach copies of supporting documents. running accounts, contracts, court judgments, mortgages, security agreement DOCUMENTS If the documents are not available, explain. If the documents are not available, explain. If the documents are not available, explain if the documents are not available are not available.	d deducted for the purpose of making this proof of claim such as promissory notes, purchase orders, invoices, itemized statements of ents, and evidence of perfection of lien DO NOT SEND ORIGINAL its are voluminous, attach a summary
Attn USACM Claims Docketing Center Attn U P O Box 911 1330 E	ling Pacific time, on November 13, 2006 tions, joint ventures, trusts and ID OR OVERNIGHT DELIVERY TO FOUD SACM Claims Docketing Center ast Franklin Avenue undo, CA 90245 For other person authorized to file
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up	USA CMC

UNITED STATES BANKRUPTCY COURT	Dr	TRICT	OF_	NEVAL	PA	PROOF OF CLAIM
Name of Deblor USA COMMERCIAL MORTGAGE Co.		Case Number 06-10725				
NOTE: This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense materials are the case.			_		_	
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST dtd 10/34/78	cise you givi	has filed r claim ng partic	d a po Attac ulars		elating to ternent	
Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	note case Che add the	ces from the cest of the cest on the court.	the f the he en	a have never re bankruptcy co address differs avelope sent to	ourt in this from the	THIS SPACE IS FOR COURT USE ON Y
Last four digits of account or other number by which creditor identifies debtor		ck here us claum			eviously filed	i claim dated
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ NEGLICENCE + FRAUD	ECURCE 4	ים ע נ	Vage ast f	s, salaries and four digits of	d compensat your SS # _ ion for serviceto	USC § 1114(a) ion (fill out below) ces performed (date)
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3.	If cos	ırt jı	udgment, dat	e obtained	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	or claum, or none or which is	Amousecur Up to \$ or servi \$ 507(s Taxes of Other - mounts a with res	Che Che Brice Valuation Calcas (2,222 (ces (4)(7)) Calcas (7) Calc	Claim ck this box if setoff) cf Description Real Estate use of Collaters of arrearage and aim, if any setoff corporate of deposits for personal, finalties owed to certy applicable abject to adjust to cases comments.	of Collateral Motor V al S d other charge toward pure amily, or hou p government p paragraph of	Secured by collateral (including lended by collateral (including lended by collateral (included in lended in lended in lended by collateral collateral collateral lended by collateral (including lended by collateral lended by collatera
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad-		503	icd)	(secui		nonty) (Total)
interest or additional charges. 6. Credits: The amount of all payments on this claim has been						
7 Supporting Documents. Attach copies of supporting documents invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain if the documents are volu. 8. Date-Stamped Copy. To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of file this claim (attach copy of power of atto.)	ents, such acts, court iD ORIGI minous, at iling of you the credito mey if an	as prom judgmen NAL DO tach a su ir claim, r or other	issor nts, in OCU immi encl encl	ry notes, purch mortgages, sec IMENTS If the ary lose a stamped rson authorize	nase curity ne l, self-	THIS SPACE IS HER COURT UT ONLY D DEC 0 7 2006 USA CMC
Penalty for preventing fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both. 18 U.S.						

FORM BIO (Off	icial Form 10) (10/05)			
UNITED STATE	5 BANKRUPICY COURT	Dis	STRK T OF <u>NEVADA</u>	PROOF OF CLAIM
Name of Debtor AND AFFILI	USA COMMERCIAL MORTGAGE CO, LATES		Number Chapter 11 -10725 LBR	, , , doi, d, db um
	should not be used to make a claim for an administrative expense ma			nt ;
	(The person or other entity to whom the cy or property) ediund & Carol Hedlund	else you give	eck box if you are aware that anyone has filed a proof of claim relating the claim. Attach copy of statement ing particulars	0
8UL S. Kai	s where notices should be sent ght, Stoddard, Warnick & Albr ncho Drive, #D-4 NV 89106 sr 802-384-7111	ight ^{not} case □ Che	eck box if you have never received a ices from the bankruptcy court in the e. eck box if the address differs from the fress on the envelope sent to you by	e
	account or other number by which creditor	the	court	THIS SPACE IS FOR COURT USE ONLY
identifies debtor	· · · · · · · · · · · · · · · · · · ·	1	nis claim 🔲 amends a previously	filed claim dated
XX Money Person	s sold ses performed y loaned nal mjury/wrongful death		Retiree benefits as defined Wages salaries and compe Last four digits of your SS Unpaid compensation for s	ensation (fill out below) # services performedto
XX Other	Investments made		(date)	(date)
2 Date debt	was incurred 2006	3	If court judgment, date obtain	ned
See teverse sid Unsecured Non	of Claim Check the appropriate box or boxes the for important explanations appropriate Claim \$		Secured Claim	m is secured by collateral (including
Unsecured Prior	······································		Real Estate Mot	or Vehicle Other
Check this be entitled to priority	ox if you have an unsecured claim all or part of w	hich is	Value of Collateral \$ Amount of arrearage and other of	harges at time case filed included in
Amount entitled t	o priority \$		secured claim, if any \$ Unkr	IOWI
Specify the priority of Domestic sup	of the claim oport obligations under 11 USC \$ 507(a)(1)(A) o		Up to \$2 225* of deposits toward or services for personal family, or \$ 507(a)(7)	purchase, lease, or rental of property household use - 11 U S C
(a)(1)(B) Wages salaric days before filing business whichever	es, or commissions (up to \$10,000) * earned within of the bankruptcy petition or cessation of the debte er is earlier - 11 USC § 507(a)(4)	□ 1 180 □ or s <i>□</i>	Taxes or penalties owed to govern. Other - Specify applicable paragramounts are subject to adjustment on	4/1/07 and every 3 years thereafter
	s to an employee benefit plan - 11 U S C & 507(a)		with respect to cases commenced of	
☐ Check this bo	unt of Claim at Time Case Filed x if claim includes interest or other charges in add litional charges	\$. lition to th	(mecaned) (secured)	(necesta) (Teas)
6 Credits T	he amount of all payments on this claim has been	credited a	and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this pro	oof of claim Occuments Attach copies of supporting docume	ents, such	as promissory notes, purchase	
orders invoice agreements an	s itemized statements of running accounts contra id evidence of perfection of lien DO NOT SENI	cts, court j D ORIGIN	judgments, mortgages, security NAL DOCUMENTS If the	filed date
8 Date-Stamper	not available explain if the documents are volund Copy To receive an acknowledgment of the fill lope and copy of this proof of claim	ninous, att	racn a summary ir claim, enclose a stamped, self-	filed date
Date 7/13/06	Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn	ne creditor	or other person authorized to	
/ / TO/ 00	Whitney B. Warnick, Esq. At			USA CMC